Improvement of CGHS services

1427. SHRI RAMDAS AGARWAL:
SHRI DARA SINGH:

Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to a survey conducted by industry body the ASSOCHAM which covered 500 patients and 200 Central Government Health Scheme dispensaries across the country, found that majority of the beneficiaries of the CGHS are dissatisfied with the doctors, medical staff and the healthcare facilities offered under the scheme;

(b) if so, the reasons therefor; and

(c) the efforts made by Government to bridge the gap of availability of proper healthcare facilities in affluent and non-affluent areas in various cities apart from ensuring cleanliness and availability of medicines at all CGHS centres?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) ASSOCHAM has not submitted any report to the Government on the performance of CGHS in the country. It is understood that the press release issued by ASSOCHAM on 12th July, 2007, is only an interim finding of a survey undertaken by it and that finalization of the report in the matter will take time. As per the press release, the survey covered 500 patients across the country. As on 31st March, 2006, there were 9.11 lakh cardholders including 2.32 lakh pensioners. The total number of beneficiaries was 33.01 lakhs including 5.91 lakh pensioners. Survey of 500 beneficiaries out of a total of over 33 lakh beneficiaries cannot be held to be are presentative study.

The Ministry of Health and Family Welfare has been regularly receiving requests from autonomous bodies for extension of CGHS facilities, and there is opposition from almost all quarters against any proposal for the winding up of the CGHS. In fact, the demand has been for opening of more dispensaries in cities where CGHS already exists and for introducing CGHS in States so far not covered by the CGHS. This being the case, the service rendered by the CGHS cannot be said to be poor. When the service being rendered is of such a huge magnitude, it is not always possible to satisfy each and every beneficiary. However, efforts will always be made to improve further the functioning of the CGHS to satisfaction of majority of the beneficiaries.

Opening of Siddha CGHS dispensary at R.K. Puram

1428. SHRI DWIJENDRA NATH SHARMAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 357 given in the Rajya Sabha on the 24th November, 2006 and state:

(a) the details of location from where Siddha CGHS dispensaries are functioning in Delhi;

(b) whether it is a fact that a Siddha CGHS dispensary was opened at R.K. Puram Delhi, in March, 2004 and the same remain closed since more than one year;

(c) if so, the details thereof and the reasons therefor; and

(d) the action taken by Government to reopen this dispensary to facilitate the CGHS card holders?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Siddha Unit is functioning at Lodhi Road.

(b) Yes, Sir.

(c) and (d) The Siddha Unit opened under CGHS Delhi in R.K. Puram, New Delhi was closed due to poor attendance of CGHS beneficiaries. The question of re-opening of Siddha dispensary will be considered when there is demand from CGHS beneficiaries.

Failure of NRHM

1429. SHRIMATI PREMA CARIAPPA: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have not achieved its target successfully in the National Rural Health Mission Scheme (NRHM);

(b) if so, the reasons therefor;

(c) whether Government are planning to enhance its programme through this scheme to achieve success in the rural sector; and

(d) if so, the details of the target achieved in this scheme, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) It is not a fact that the Government has not achieved its target successfully in the National Rural Health Mission (NRHM). The NRHM is an initiative for undertaking comprehensive correction in the Public Health delivery system. It was launched on 12.4.05 for a period of seven years and is operational throughout the country, with special focus on 18 States which includes Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan, eight North-East States, Himachal Pradesh and Jammu and Kashmir.

Since the launch of NRHM, considerable progress has been made. The Institutional Framework of the NRHM has been established and operationalised in various States and Districts. Health Missions have been constituted in all States/ UTs. The expected target of selection and positioning of Accredited Social Health Activists (ASHA), has been far exceeded. 4.31 lakh ASHA have been selected and 2.83 lakh ASHAs have been positioned in villages after orientation training. Merger of societies has been completed at the State and the district level. The State-wise progress of some of the critical activities under NRHM as reported by the States is given in the Statement